

Mississippi Secretary of State
700 North Street P. O. Box 136, Jackson, MS 39205-0136

ADMINISTRATIVE PROCEDURES NOTICE FILING

AGENCY NAME Mississippi Board of Pharmacy		CONTACT PERSON Alecia Wasson	TELEPHONE NUMBER 601-899-8880	
ADDRESS 6360 I-55 North Suite 400		CITY Jackson	STATE MS	ZIP 39211
EMAIL awasson@mbp.ms.gov	SUBMIT DATE 05/16/14	Name or number of rule(s): 20448		

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: Addition of Article XLVI Charity Pharmacy Permit Regulations. To provide regulations for Charity Pharmacy Permits.

Specific legal authority authorizing the promulgation of rule: MS Code of 1972 73-21-81

List all rules repealed, amended, or suspended by the proposed rule: Addition of Charity Pharmacy Permit Regulations

ORAL PROCEEDING:

☐ An oral proceeding is scheduled for this rule on Date: _____ Time: _____ Place: _____

☒ Presently, an oral proceeding is not scheduled on this rule.

If an oral proceeding is not scheduled, an oral proceeding must be held if a written request for an oral proceeding is submitted by a political subdivision, an agency or ten (10) or more persons. The written request should be submitted to the agency contact person at the above address within twenty (20) days after the filing of this notice of proposed rule adoption and should include the name, address, email address, and telephone number of the person(s) making the request; and, if you are an agent or attorney, the name, address, email address, and telephone number of the party or parties you represent. At any time within the twenty-five (25) day public comment period, written submissions including arguments, data, and views on the proposed rule/amendment/repeal may be submitted to the filing agency.

ECONOMIC IMPACT STATEMENT:

☒ Economic impact statement not required for this rule. ☐ Concise summary of economic impact statement attached.

TEMPORARY RULES	PROPOSED ACTION ON RULES	FINAL ACTION ON RULES
_____ Original filing _____ Renewal of effectiveness To be in effect in _____ days Effective date: _____ Immediately upon filing _____ Other (specify): _____	Action proposed: New rule(s) _____ Amendment to existing rule(s) _____ Repeal of existing rule(s) _____ Adoption by reference Proposed final effective date: _____ 30 days after filing Other (specify): _____	Date Proposed Rule Filed: <u>04/15/14</u> Action taken: <input checked="" type="checkbox"/> Adopted with no changes in text <input type="checkbox"/> Adopted with changes <input type="checkbox"/> Adopted by reference <input type="checkbox"/> Withdrawn <input type="checkbox"/> Repeal adopted as proposed Effective date: _____ 30 days after filing <input checked="" type="checkbox"/> Other (specify): <u>July 1, 2014</u>

Printed name and Title of person authorized to file rules: Frank Gammill, Executive Director

Signature of person authorized to file rules: *Frank Gammill*

OFFICIAL FILING STAMP	DO NOT WRITE BELOW THIS LINE OFFICIAL FILING STAMP	OFFICIAL FILING STAMP
<div style="border: 1px solid black; height: 100px; width: 100%;"></div> Accepted for filing by	<div style="border: 1px solid black; height: 100px; width: 100%;"></div> Accepted for filing by	<div style="border: 1px solid black; padding: 10px; text-align: center;"> FILED MAY 16 2014 MISSISSIPPI SECRETARY OF STATE </div> Accepted for filing by <u>#20525</u> <i>[Signature]</i>

The entire text of the Proposed Rule including the text of any rule being amended or changed is attached.